Lile after May 15, 250 c (512) 463-5800 1-800-325-8506

| CANDIDATE               | FORM  | A C/OH                          |                                     |   |   |
|-------------------------|---|---------------------------------|-------------------------------------|---|---|
| CAMPAIGN I              | FINANCE REP   | ORT                             | 5748                                | Cover She                                   | ET PG 1                                 |
| The C/OH INSTRUCTION Gu | IDE explains how to co  |                                 | CCOUNT#<br>thics Commission filers) | 2 Total pages filed:                        | N I I                                   |
| OFFICEHOLDER NAME       | MRS/MR FIRST  M / S NA/  KNAME LAST   | ·                               | MI<br>W<br>SUFFIX                   | OFFIGE US<br>OFFIGE US<br>Date Receive AN   | ත බ                                     |
| OFFICEHOLDER<br>MAILING | PEN( RESS / PO BOX: APT / SUITE #:  | CITY;                           | STATE; ZIP CODI                     | Date Hand-delivered or D                    | ORD                                     |
| 5 CANDIDATE/ ARE        | 5907 Allenwood  A CODE PHONE NUMBER  72 266-19:                                 | ?                               | EXTENSION                           | 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1     | 2 D D D D D D D D D D D D D D D D D D D |
| 6 CAMPAIGN MS/          | MRS/MR FIRST  M / 5   |                                 | W SUFFIX                            | Date Processed                              | COAD                                    |
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| 8 CAMPAIGN ARE          | A CODE PHONE NUVBER $73^{\circ}$ $266-19$                                       | !                               | EXTENSION                           | 000 S<br>2.18fg<br>1 - H                    |   |
| 9 REPORTTYPE            |   | efore election<br>fore election | Runoff  Exceeded \$500 limit        | 15th day after camp) appointment (officeric | ider anly) i                            |
| 10 PERIOD Monte         | h Day Year / / / / / / / / / / / / / / / / / / /                                | THROUGH                         | Month 0                             | Day Year                                    | 8                                       |
| 11 ELECTION Month       | h Day Year  | Primary                         | Runoff                              | S General                                   | Special                                 |
| 12 OFFICE OFFI          | CE HELD (if any)  |                                 | ļ                                   | vis Communit                                | /                                       |
|                         | irect campaign expenditures are cam<br>fidates are required to disclose this in |                                 | made by others without the          | candidate's prior consent or ap             | proval. Distr                           |
| Addre                   | ess / PO Box; Apt. / Suite #: City.   | State; Zip Code                 |                                     |   |   |
|                         | G   | O TO PAGI                       | E 2                                 |   |   |

| exes Ethic | Commission P.O. Box 120  | 070 Austin, Texas 78711-2070                               | (512)463-5800 1-8   |  |  |
|------------|--|--|---|--|--|
|            | NDIDATE / OFFIC<br>SIGNATION OF F  | CEHOLDER REPORT  | PRT: FORM C/OH -  |  |  |
|            |  | how to complete this form.<br>e" on page 1 is marked "Fina | l Report" ⊷   |  |  |
| 1 C/OH     |  |  | 2 ACCOUNT # (Ethics Comm  |  |  |
| 1/         | ANCY W PENC.   | SAK  |   |  |  |
| 3 SIGN     | ATURE/   |  |   |  |  |
| a re       | ort as a final report terminates r   |  | nection with my candidacy. I understand that designates and that I may not accept any carer appointment on file.  |  |  |
|            |  |  | Mancy W Lewsak Signature & Candidate / Officeholde  |  |  |
|            |  |  | Signature of Candidate / Officeholde  |  |  |
|            |  |  |   |  |  |
|            | WHO IS NOT AN OFFICE   |  |   |  |  |
| 6011       | Fig. 6 Year on Delon Duty II You s   |  | •   |  |  |
| A.         | CAMPAIGN FUNDS   |  |   |  |  |
| Chec       | k only one:  |  |   |  |  |
| 区          | I do not have unexpended contri  | butions or unexpended interest or incom                    | ne earned from political contributions.   |  |  |
|            | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may convert unexpended political contributions or unexpended interest or income earned on political contributions to personal usuals of understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contribution unexpended interest or income earned on political contributions longer than six years after filing this final report. Furth understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. |  |   |  |  |
| В.         | ASSETS   |  |   |  |  |
| Chec       | k only one:  |  |   |  |  |
| ×          | I do not retain assets purchased   | with political contributions or interest or                | other income from political contributions.  |  |  |
|            | may not convert assets purchase  | ed with political contributions or interes                 | er income from political contributions. I understand to the other income from political contributions to per tical contributions in accordance with the requirements. |  |  |
|            |  |  | Mancy W Penesa<br>Signature of Candidate  |  |  |
| OFFIC      | EHOLDER  | <del></del>  | <del></del>   |  |  |
|            | olete this section only if you ar  | e an officeholder ••                                       |   |  |  |
|            | am also aware that I will be requir  |  | eholder who does not have a campaign treasurer on a<br>stions if, at the time I cease holding office, I retain as<br>ditical contributions.                           |  |  |
|            |  |  |   |  |  |
|            |  |  | Signature of Officeholder   |  |  |